Frequently Asked Questions

SURVEY INSTRUMENT

1. **How were the CAHPS surveys developed and tested?**
   The initial CAHPS 1.0 survey was developed by an interdisciplinary team of experts who sought to create a standardized health care assessment that consumers could understand and use to decide which health plan to join. The survey development was based on an extensive literature review, focus group testing, and in-depth interviews.

   The CAHPS surveys have probably been tested more completely than any previously used consumer survey. A wide array of techniques have been used for these tests, including focus groups, in-depth cognitive testing, pilot studies, methodological experiments, and large demonstration studies, such as the demonstrations in Washington State, Kansas, and New Jersey. In addition, surveys were administered to consumers who looked at CAHPS reports, before and after open enrollment periods. Based upon these experiences, the CAHPS survey was revised into its current 2.0 format.

2. **Why does CAHPS order response options or questions in such a way that the negative wording comes first?**
   CAHPS presents the never-to-always response options in the order from "never" to "always" and the problem format response options from "a big problem" to "not a problem." Because survey methods studies show that respondents tend to be reluctant to use negative response options, putting the negative responses first yields a better distribution of responses.

   For the problem format questions, CAHPS uses the format "how much of a problem, if any, was it to [do X] - a big problem, small problem, not a problem?" The "if any" wording conveys to the respondent that he/she can choose "not a problem" if that applies. In situations where doing X was a problem for the respondent, he/she can convey how much of a problem it was.

3. **Can I use the CAHPS questions to do an internal survey?**
   Some health plans would like to use the CAHPS questions for internal QI efforts, for example to identify doctors who do not communicate well. This is encouraged as the CAHPS instrument is in the public domain.

DATA COLLECTION

4. **How many questions had to be answered for the survey to be considered complete?**
   All data that was contained in completed telephone interviews was retained. Data from completed mail surveys was retained if (a)Q1 [member] is Yes, and (b)Q20/21/25/26 [times to see doctor] is answered. To be included in the analysis, 80% of survey items had to have been anwered.

DATA ANALYSIS

5. **How was the state mean calculated? Why was this chosen as the comparison group?**
   This is a simple mean (average). This was chosen as a comparison group because there are no other geographic breakdowns that are reliable or constant (i.e. too many plans have membership that cross county or "market area" lines to make either of these practical comparison groups). Also, although plans have expressed interest in using "market areas" as comparison groups, these are subjective "areas;" most plans have different ideas of what their market area is.

6. **How was the significance testing calculated for the health plan reports?**
   Significance testing for a health plan was calculated against the mean for state. A plan that had results that were statistically significantly **better** than the state mean were denoted with three stars, an "**average**" plan was denoted with two stars and a plan that had results that were statistically **worse** that the state mean were denoted with one star.

7. **Why were responses to the 0-10 rating scale reported in clusters of 0-7, 8-9, and 10?**
   We needed to recode the 0-10 responses into three categories, so that the formats of the data entered into the significance tests were consistent across all questions. The number of responses in the three new categories, rather than the original eleven categories, determine the plan's mean, and these are used in the significance tests.

   We also thought that recoding might improve the statistical properties of the tests. On general statistical principles, the analysis of very skewed data (0-10 satisfaction scales where the median is around 7 or 8) is improved by a transformation that reduces skewness. That is, transforming the data into three variables such that the median is the second variable. In the CAHPS surveys, it is plausible that the difference between 0 and 2, both indicating strong dissatisfaction, carries less information than the difference between 8 and 10, reflecting average and maximum satisfaction, respectively. Therefore, compression of the lower part of the scale (by combining categories at the low end) may remove some meaningless variation from the data. Statistical improvement is reflected in larger values of the F statistic in the recoded data as compared to the original data. Although the F statistics are not directly reflected in the graphical display, it seems reasonable to assume that if the display corresponds to a recoding that helps to distinguish among plans, then the display would also be informative to the reader.

   With these considerations in mind, we looked at data from a number of different implementations of CAHPS in a variety of populations. In almost every case, some form of transformation improved the F statistics. Which of the alternative transformations worked best varied across data sets. At one extreme, grouping the responses 0-8, 9, 10 worked best when overall means were high. At the other, a 0-6, 7-8, 9-10 categorization worked well in a few cases, where the overall means were low. We found that a good compromise was a 0-7, 8-9, 10 recoding. This had good statistical properties, and the proportion of the data in the bottom category (0-7) were never excessively large.

8. **Why were the response categories for "never" and "sometimes" combined in the graphs?**
   We combined the four response options (never/sometimes/usually/always) into three

categories to simplify the presentation of data. In deciding which two responses to combine, we examined results from repeated demonstrations of the CAHPS survey instruments. These indicated that the "never" response option is seldom selected by respondents. For example, less than 5% of the respondents typically select the "never" response when asked if their health care providers listen, explain, and respect their comments - a percentage so small that the text "5%" cannot even fit in such a section. Combining "never" and "sometimes," therefore, results in no loss of information.

In contrast, combining the "always" and the "usually" responses would have resulted in a significant loss of information. In CAHPS demonstrations, about 50% of respondents say that their health care providers "always" listen, explain, and respect their comments. Another 20% stated that their providers "usually" listen, explain, and respect their comments. Combining these categories would reduce the ability of these items in the CAHPS survey to discriminate properly. In other words, the information about health plans that readers can use to examine plan performance is contained in the top two responses to the "never/sometimes/usually/always" questions.

9. Why did you use "composites" to summarize items in the CAHPS survey?

Research shows that people have trouble thinking about or remembering more than five to seven ideas at a time. When people get too many ideas or pieces of information at one time they tend to be overwhelmed and may stop paying attention to the information provided. To keep the reporting of CAHPS survey results comprehensive as well as brief, CAHPS developed and tested groupings of related questionnaire items to report most of the survey results. We called these groupings "composites." Testing during the development of the CAHPS questionnaire and report showed that consumers found the five composites easy to understand and were satisfied with the level of detail.

10. Why were responses for some CAHPS Questions listed "backwards?"

For consistency's sake, the right side of the triple-stacked bar graphs is the most positive response, and the left side is the most negative. With some exceptions, in the questions with responses of "never/sometimes/usually/always," "always" is the most positive response and "never" is the most negative. For example, when asked "How often did doctors or other health providers listen carefully to you?," "always" is the best response and "never" the worst. An example of an exception is a question which asks how often respondents had to wait more than 15 minutes. Here "always" is the worst response, and "never" is the best. To stay consistent, the two most negative responses (here, "always" and "usually") are combined and moved to the left side of the graph, and the most positive response ("never") is on the right.

CONSUMERS AND PUBLICITY

11. What information were consumers receiving about these Medicaid CAHPS results?

Consumers are receiving a brochure summarizing the results similar to what they received last year, that will be available in seven languages.